PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

appropriate. All further indicated unless correct maintenance fee notificated unless than the second control of the second correct maintenance fee notificated unless than the second correct maintenance fee	correspondence including delegations.	ng the Patent, advance of the Patent, advance of the Patent, advance of the Patent, advance of the Patent (1) by (1)	rders and notification of a) specifying a new corre	maintenance fees very condence address	vill be mailed to the and/or (b) indicate	e current on ng a separ	correspondence address as ate "FEE ADDRESS" for		
	ENCE ADDRESS (Note: Use B	Fee	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.						
27123	7590 06/25	7/2007	112						
	FINNEGAN, L.L. ANCIAL CENTER IY 10281-2101	P	I h Sta ade tra:	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
·							(Depositor's name)		
							(Signature)		
							(Date)		
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	R	ATTORNEY DOCK	ET NO.	CONFIRMATION NO.		
10/616,329	07/08/2003		Akio Saigusa		1232-5070		1354		
TITLE OF INVENTION	: OPHTHALMOLOGIC	APPARATUS				dhalinn danimba nd			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE TOTAL FE	E(S) DUE	DATE DUE		
nonprovisional	ИО	\$1400	· \$300	\$0	\$17	00.	10/01/2007		
EXAM	IINER	ART UNIT	CLASS-SUBCLASS	j	•				
	DAWAYNE	2873	351-208000						
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
3. ASSIGNEE NAME A PLEASE NOTE: Un recordation as set for (A) NAME OF ASSI	less an assignee is ident th in 37 CFR 3.11. Comp	A TO BE PRINTED ON a signer of this form is NO	THE PATENT (print or ty data will appear on the T a substitute for filing ar (B) RESIDENCE: (CIT	patent. If an assign assignment.	ce is identified belo	ow, the do	cument has been filed for		
CANON KABUSHIKI KAISHA TOKYO, JAPAN									
Please check the appropr	riate assignee category or	categories (will not be p	rinted on the patent):	Individual 🖾 Co	orporation or other p	irivate grot	ip entity Government		
4a. The following fee(s) Sissue Fee Publication Fee (I) Advance Order -	No small entity discount		4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 13-4500. (enclose an extra copy of this form).						
	atus (from status indicate as SMALL ENTITY stat		(Order No. 1232-5070). Db. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).						
NOTE: The Issue Fee at	nd Publication Fee (if req		d from anyone other than c Office.	the applicant; a reg	istered attorney or ag	gent; or the	assignee or other party in		
Authorized Signature	South	, m		Date Jul	y 23, 2007				
Typed or printed name Sungho Hong Registration No. 54,571									
This collection of informan application. Confider submitting the complete this form and/or sugges. Box 1450, Alexandria, Virginia 22.	nation is required by 37 (ntiality is governed by 33 and application form to the tions for reducing this but the tight of tight of the tight of	CFR 1.311. The informati 5 U.S.C. 122 and 37 CFR e USPTO. Time will vary orden, should be sent to the O NOT SEND FEES OR persons are required to re					by the USPTO to process) gathering, preparing, and the you require to complete timent of Commerce, P.O. or Patents, P.O. Box 1450, number.		

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

All Gradhan	correspondence includired below or directed other	on the Datant advance of	rdere and notification of i	maintenance tees u	vill be mailed to the currer and/or (b) indicating a se	nt correspondence address as parate "FEE ADDRESS" for		
		lock I for any change of address)	Fee pap	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
27123	7590 06/29	7/2007			tificate of Mailing or Tran			
	FINNEGAN, L.L. ANCIAL CENTER Y 10281-2101	P	I he Stat add tran	rehy certify that th	ic Fee/e) Transmittal is hei	ing deposited with the United first class mail in an envelope s above, or being facsimile date indicated below.		
						(Depositor's name)		
	•					(Signature)		
						(Date)		
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.		
10/616,329	10/616.329 07/08/2003		Akio Saigusa		1232-5070 1354			
TITLE OF INVENTION	: OPHTHALMOLOGIC	APPARATUS						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DU	E DATE DUE		
nonprovisional	NO	\$1400	· \$300	\$0	\$1700	10/01/2007		
EXAM	INER	ART UNIT	CLASS-SUBCLASS ']	•			
PINKNEY, I	DAWAYNE	2873	351-208000					
Address form PTO/SI "Fee Address" ind PTO/SB/47; Rev 03-0 Number is required.	ondence address (or Cha 8/122) attached. ication (or "Fee Address 2 or more recent) attach	inge of Correspondence "Indication form and. Use of a Customer	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME A PLEASE NOTE: Uni recordation as set fort (A) NAME OF ASSIGNATION	less an assignee is ident h in 37 CFR 3.11. Com	A TO BE PRINTED ON a signee pletion of this form is NO	THE PATENT (print or ty data will appear on the p T a substitute for filing an (B) RESIDENCE: (CITY	atent. If an assign assignment.	ce is identified below, the	document has been filed for		
	I KABUSHIKI KA			, JAPAN				
Please check the appropr	iate assignee category or	categories (will not be p	rinted on the patent):	Individual 🛛 Co	orporation or other private g	roup entity Government		
4a. The following fee(s) SI Issue Fee	are submitted: No small entity discount p	4 permitted)	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 13-4500. (enclose an extra copy of this form).					
5. Change in Entity Sta			(Order No. 1232-5070). Db. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).					
NOTE: The Issue Fee an	is SMALL ENTITY stated Publication Fee (if req	uired) will not be accepte	d from anyone other than			the assignee or other party in		
interest as shown by the	records of the United Sta	ites Patent and Trademark	COffice.					
Authorized Signature Surface Date July 23, 2007								
Typed or printed name Sungho Hong Registration No. 54,571								
this form and/or suggest Box 1450, Alexandria, V Alexandria, Virginia 223	d application form to the ions for reducing this but irginia 22313-1450. DO	orden, should be sent to the NOT SEND FEES OR	ne Chief Information Offic COMPLETED FORMS T	er, U.S. Patent and O THIS ADDRESS	the public which is to file (a minutes to complete, includ mments on the amount of Trademark Office, U.S. Do S. SEND TO: Commissione displays a valid OMB contr	nd by the USPTO to process) ling gathering, preparing, and time you require to complete spartment of Commerce, P.O. or for Patents, P.O. Box 1450, rol number.		